



## CAVC HISTORICAL SOCIETY

P.O. Box 7992  
Washington, DC 20044-7992  
www.cavchistory.org

### MEMBERSHIP APPLICATION AND RENEWAL FORM

Please complete this form and mail it, with a check payable to **The Court of Appeals for Veterans Claims Historical Society**, to the address above. We do not currently offer online registration but are in the process of adding that option to our website.

#### *Personal Information*

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Firm/Organization/Company

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

#### *Membership Category*

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\_\_\_\_ Regular Membership      \$50

\_\_\_\_ Student Membership      \$25

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*We are in the process of applying for 501(c)(3) status and anticipate that all contributions and membership dues to the CAVC Historical Society will be tax deductible.*